

SOUTH CAROLINA COUNCIL FOR EXCEPTIONAL CHILDREN
STATE PROFESSIONAL DEVELOPMENT CONFERENCE
FEBRUARY 23-24, 2007
REGISTRATION FORM

PLEASE PRINT OR TYPE

NAME _____ CEC MEMBERSHIP # _____

PREFERRED NAME ON NAME TAG _____ CEC CHAPTER # _____

ADDRESS _____
NUMBER AND STREET APT. # CITY STATE ZIP CODE

HOME PHONE _____ WORK PHONE _____ EMAIL _____

	PREREGISTRATION (POSTMARKED BY Jan. 31, 2007)	ON SITE FEE (NO MEAL)* (POSTMARKED AFTER Jan. 31, 2007)	ONE DAY(CHECK DAY)* Fri. Sat.	
CEC REGULAR MEMBER**	\$85.00	\$105.00	\$70.00	_____
CEC STUDENT MEMBER***	\$50.00	\$ 70.00	\$40.00	_____
REGULAR NON-MEMBER	\$125.00	\$145.00	\$95.00	_____
STUDENT NON-MEMBER	\$70.00	\$ 90.00	\$55.00	_____

*ON SITE REGISTRATION AND ONE DAY REGISTRATION DOES NOT INCLUDE MEAL.

**YOU MUST PROVIDE YOUR CEC MEMBERSHIP NUMBER TO RECEIVE THE MEMBER REGISTRATION RATE.

***ONLY THOSE WHO MEET THE CEC CRITERIA AS A STUDENT MAY QUALIFY FOR THE STUDENT RATE.

For information concerning group rates contact: Jill Chapman @ 803-749-8187 or chapmanjt@earthlink.net

PREREGISTRATION INCLUDES ONE TICKET FOR THE AWARDS BREAKFAST ON FRIDAY (LIMITED TO THE FIRST 500 REGISTRANTS). PLEASE HELP US PLAN APPROPRIATELY BY CHECKING ONE OF THE FOLLOWING STATEMENTS. IF NEITHER STATEMENT IS CHECKED, WE WILL ASSUME THAT YOU WILL NOT BE ATTENDING THE BREAKFAST.

_____ I WILL ATTEND THE AWARDS BREAKFAST ON FRIDAY, FEBRUARY 23.

_____ I WILL NOT ATTEND THE AWARDS BREAKFAST ON FRIDAY, FEBRUARY 23.

NO REFUNDS AFTER FEBRUARY 5, 2007

TOTAL AMOUNT ENCLOSED \$ _____
(MAKE CHECKS PAYABLE TO **SCCEC CONVENTION**)
(TAX ID # 570870875)

Purchase orders will be accepted. Include all participants' full name. Substitutions must be submitted in writing.
NO CREDIT CARDS ACCEPTED

CONFIRMATIONS of REGISTRATION WILL NOT BE SENT TO PARTICIPANTS
IF YOU HAVE A DISABILITY AND REQUIRE SPECIAL ASSISTANCE, INFORM SCCEC BY CONTACTING:
Jill Chapman @ 803-749-8187 or chapmanjt@earthlink.net

MAIL COMPLETED FORM AND CHECK TO:

SCCEC CONVENTION
Summer Altman
9684 Eaddy Lane
Murrells Inlet, SC 29576

FOR OFFICE USE ONLY:

Check # _____
Receipt: _____

ALL PREREGISTRATIONS MUST BE POSTMARKED BY JANUARY 31, 2007.
REGISTRATIONS POSTMARKED AFTER THIS DATE WILL BE CHARGED ON SITE FEES.

PLEASE RESERVE YOUR ROOM AT:
Sheraton Myrtle Beach Convention Center Hotel by January 22, 2007
1-800-325-3535 (State that you are attending the SCCEC Conference in order to receive group rate)
Or on the web at <http://www.starwoodmeeting.com/Book/sccec>

